




This form will be the basic record of your ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES OF \$750.** Please read the **INSTRUCTIONS** below before completing this form. **PLEASE PRINT OR TYPE.** Return this form to:  **If you are an agency providing household workers for clients, you must file a Registration Form for Commercial Employers (DE 1).**

EMPLOYMENT DEVELOPMENT DEPARTMENT
ACCOUNT SERVICES GROUP, MIC 28
P.O. BOX 826880
SACRAMENTO CA 94280-0001
(916) 654-7041 / FAX (916) 654-9211

REGISTRATION FORM FOR EMPLOYERS OF HOUSEHOLD WORKERS

E P T U S E	ACCOUNT NUMBER							QUARTER			ETCSO			FED CODE			05	ON-LINE PROCESS DATE	TAS CODE

A. EMPLOYER NAME(S)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
B. MAILING ADDRESS P.O. Box or Street and Number		CITY OR TOWN	STATE	ZIP CODE	BUSINESS PHONE ()
IN CARE OF:		C. EMPLOYEE WORK SITE ADDRESS			COUNTY
D. TYPE OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> HUS/WIFE <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER <input type="checkbox"/> _____				Federal I.D. Number	
E. INDICATE QUARTER AND YEAR IN WHICH YOU FIRST PAID \$750 BUT NOT MORE THAN \$999 IN CASH WAGES: <input type="checkbox"/> Jan-Mar 20____ <input type="checkbox"/> Apr-June 20____ <input type="checkbox"/> July-Sept 20____ <input type="checkbox"/> Oct-Dec 20____ <input type="checkbox"/> NONE					Number of Employees
F. INDICATE QUARTER AND YEAR IN WHICH YOU FIRST PAID \$1,000 OR MORE IN CASH WAGES: <input type="checkbox"/> Jan-Mar 20____ <input type="checkbox"/> Apr-June 20____ <input type="checkbox"/> July-Sept 20____ <input type="checkbox"/> Oct-Dec 20____ <input type="checkbox"/> NONE					Number of Employees
G. WILL YOU WITHHOLD PERSONAL INCOME TAX FROM ANY EMPLOYEE WAGES? <input type="checkbox"/> NO <input type="checkbox"/> YES					
H. HAVE YOU EVER BEEN REGISTERED WITH THIS DEPARTMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCOUNT NUMBER BUSINESS NAME ADDRESS			
I. DO YOU ELECT TO PAY CALIFORNIA EMPLOYMENT TAXES ON AN ANNUAL BASIS? <input type="checkbox"/> NO <input type="checkbox"/> YES SEE INSTRUCTIONS FOR MORE INFORMATION.					
J. DECLARATION These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned.					
Signature _____ Date _____ Residence Phone () _____					
Title _____ Residence Address _____					
(Owner, Partner, Officer, etc.)		Street	City	State	ZIP Code

INSTRUCTIONS: You must fill out this **form** to register with EDD **within 15 days of employing and paying household workers cash wages totaling \$750 or more in any calendar quarter**. Complete all sections as follows:

- A. Enter full name, social security number and driver's license number of the employer(s) of the household worker(s).
- B. Enter the address where EDD correspondence and forms should be sent.
- C. Enter address where household worker performs duties if different than mailing address. Enter county of work location.
- D. Check the appropriate box, if other, please specify. Enter federal identification number(s) if not assigned, enter "applies for".
- E. Check the appropriate box when you first paid **\$750** or more in cash wages. Enter total number of household employees working for you. These wages are subject to state disability insurance withholding.
- F. Check the appropriate box when you first paid **\$1,000** or more in cash wages, or check none. Enter the total number of employees working for you. These wages are subject to Unemployment Insurance and Employment Training Taxes and State Disability Insurance withholdings. Both household worker and household employer must agree if personal income tax is withheld from worker's wages.
- G. Check the appropriate box.
- H. Check no or yes box and provide additional information for yes answers.
- I. If you will pay \$20,000 or less in wages per year, you may elect to pay California employment taxes on an annual basis. (The sum of all subject wages, cash or non-cash, paid to all employees must be no more than \$20,000 per year.) Wage information paid to your employees must be reported on a quarterly basis on a form which will be supplied to you. If you pay more than \$20,000 in a year, the election will be terminated and you will be required to file quarterly tax returns for the remainder of the year and submit a new election if you wish to participate in the program in the future.
- J. This declaration must be signed by one of the persons listed in A.

We will notify you of your EDD account number by mail. To help you understand your tax withholding and filing responsibilities, you will be sent a **Household Employer's Guide, DE 8829**. You can also contact your nearest Employment Tax Customer Service Office as listed in the white pages of the telephone directory.

I dreamt the government was here to help...

- *Understand who, what, how, and when to report state employment taxes.*
- *Avoid common pitfalls and costly mistakes.*
- *Control unemployment insurance costs.*
- *Learn the differences between independent contractors and employees.*
- *Discover services and resources, available at no additional cost.*

Make this dream a reality. Attend an Employment Tax seminar designed especially for employers, sponsored by the Employment Development Department. Please complete and mail the bottom portion of this form to the Employment Development Department, P.O. Box 2068, Rancho Cordova, CA 95741-2068 or fax to (916) 464-3504. We will contact you regarding the date, time, and location of the next seminar.

If you would like more information, please call (916) 464-3502.



Name: _____

Address _____

Telephone: () _____

Fax () _____

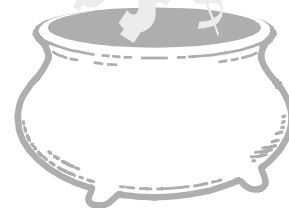
Preferred time and place to attend a seminar:

Day of week: Mon Tue Wed Thu Fri Sat (circle one)

Time of day: Morning Afternoon Evening (circle one)

Preferred city or area: _____

The dream is real.



The State of California Employment Development Department (EDD), as a recipient of federal and state funds, is an equal opportunity employment program and is subject to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). Persons who require special accommodations may contact the above information number.